PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

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naintenance lee notification	ons.								_	
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23548										
					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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		<u> </u>								
APPLICATION NO.	04/13/2007		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	J	
10/575,247	Ge Ming Lui			266622 6960						
TITLE OF INVENTION:	DIAMOND-LIKE CA	RBON-COATED CELL	CULTURE SUBSTR	ATE	S					
	ON CAN'N TONYOUTH	TOOL TO TAKE TO THE	PUBLICATION FEE D	I	PREV. PAID ISSUE	- ree T	TOTAL FEE(S) DUE	DATE DUE	\neg	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		UE	\$0	EFEE	\$1055	03/21/2011		
nonprovisional	YES	\$755	\$300	_	ა∪ 1		\$1033	03/21/2011		
EXAMINER		ART UNIT	CLASS-SUBCLASS	S						
FORD, ALL	427-249100	1								
l. Change of corresponder CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys LEYDIG, VOIT									
Change of correspo Address form PTO/SB/	or agents OR, alternatively, (2) the name of a single firm (having as a member a									
"Fee Address" indic	registered attorney or agent) and the names of up to									
PTO/SB/47; Rev 03-02 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
		A TO BE PRINTED ON								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Cellular Bioengineering, Inc. Honolulu, Hawaii										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔼 Corporation or other private group entity 🖵 Government										
					(Please first reapply any previously paid issue fee shown above)					
				A check is enclosed.						
					dit card. Form PTO-2038 is attached.					
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216(enclose an extra copy of this form).									
5. Change in Entity State										
a. Applicant claims							ITY status. See 37 Cl		<u>.</u>	
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Authorized Signature Date 3/21/11										
Typed or printed name		Registration No. 44,628								
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